

CCC-1245		U.S. DEPARTMENT OF AGRICULTURE COMMODITY CREDIT CORPORATION			Form Approved (03/06/01) & (06/06/01)	OMB NO. 0560-0174 OMB NO. 0578-0028
PRACTICE APPROVAL AND PAYMENT APPLICATION					1. State and County Code:	2. Control Number (Fiscal Year & Number)
3. Farm and Tract Number(s)		4. Name, Address, and Telephone Number			5. Farmland	
					Cropland	
6. Program Code	7. Fund Code	8. Contract Number	9. Livestock (Y or N)	10. EXPIRATION NOTICE Practice must be completed & reported by:		
				11. ID Number		
You are approved to perform the practice shown below for the farm and contract identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify the Commodity Credit Corporation.						
12. Practice Location:						
13.						
Number A	Practice Title B	Extent Approved C	Rate D	Cost-Share Incentive Approved E	Extent Performed F	Cost-Share Incentive Earned G
14. Actual Cost & Performance Data			15. Performance Report			
a. Total Install. Cost		b. Date Performed		Date:		
This practice has been performed to the extent shown in ITEM 13F and meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in ITEM 15.			16. Technician's Signature			
			Date:			
17. INSTRUCTIONS TO PARTICIPANT: To receive payment or credit for any cost-share or incentive earned on this practice, report performance in Col. F of 13 and complete ITEMS 18 & 19 below; date and sign the certification below, and file with the issuing office by the date noted in BLOCK 10.						
18. Did you bear all the expense (except for program cost-sharing) for performing this practice? (If no, report name(s) and address(es) of other person(s) or agency that bore any part of the expenses. Also show kind, extent, and value of their contribution.)			20. Total Cost-Share/Incentive Earned:			
			21. Payment Advance (Partial Payment):			
			22. Offset:			
			23. Claim/Receivable:			
			24. Net Payment:			
19. During the current fiscal year Oct. 1 - Sept. 30, have you received or will you receive a cost-share/incentive payment under the same program on this or any other farm other than through this CCC-1245? (If yes, report State, County, and amount by farm). YES /_/ / NO /_/ /			25. Payment Approved (Initials)			
			26. Check/Direct Deposit Number			
CERTIFICATION BY PARTICIPANT: I certify that the above information is true and correct. I further certify that the entry in Col. F shows that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the Approving Official has determined that the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. I agree to maintain this practice for at least _____ years following the year the practice is completed. I agree to refund all or part of the cost-share/incentive assistance paid to me, as determined by the Approving Official, if before expiration of the practice lifespan specified above, I (a) destroy the practice installed, or (b) voluntarily relinquish control of title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its specified lifespan.						
27. SIGNATURE:						DATE:

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PRIVACY ACT AND PUBLIC BURDEN STATEMENT		
<p>NOTE: The following statement is made in accordance with the Privacy Act of 1974, (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR 1466 (EQIP), 7 CFR 1469 (FPP), 7 CFR 636 (WHIP), and Public Law 106-224, Section 133(b), AMA, and Section 211(b), SWCA. The information will be used to allow a farmer, rancher, or landowner to apply for conservation benefits under the terms and conditions of the contract. Furnishing the required information is necessary to determine properly the eligible land for the applicable program benefits. Failure to furnish the requested information will result in the applicant being unable to apply for or receive benefits under the applicable programs. This information may be provided to other agencies, IRS, Department of Justice, or other State or Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 U.S.C. 286, 287, 371, 641, 651, 1001; 15 U.S.C. 714m; and 31 U.S.C. 3729 may also be applicable to the information provided.</p> <p>According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for these information collections are 0560-0174 and 0578-0028. The time required to complete this information collection is estimated to average 35/0.538 minutes/hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information.</p>		
USDA NONDISCRIMINATION STATEMENT		
<p>"The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).</p> <p>To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer."</p>		